

PRODUCER PT Risk Management Ins. Svcs. 10621 South 51st St., Ste. 101 Phoenix AZ 85044-1741 Phone: 480-893-8228 Fax: 480-598-3554		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Griffin's Propane Inc. Fuel Center Plus, Inc P O Box 2737 Silver City NM 88062-0924		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Stonington Insurance Co.	10340
		INSURER B: General Star Indemnity Co.	37362
		INSURER C: Foundation Reserve Ins. Co. Inc	23051
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	X	X	GENERAL LIABILITY	SPJ00449	06/05/06	06/05/07	EACH OCCURRENCE	\$ 1,000,000
				COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
				CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
								Emp Ben.	1,000,000
								GEN'L AGGREGATE LIMIT APPLIES PER:	
		POLICY		PRO-JECT		LOC			
A	X	X	X	AUTOMOBILE LIABILITY	SPJ00449	06/05/06	06/05/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
				ANY AUTO					
				ALL OWNED AUTOS					
				SCHEDULED AUTOS					
				HIRED AUTOS					
NON-OWNED AUTOS									
MCS 90									
				GARAGE LIABILITY					
				ANY AUTO					
B	X	X	X	EXCESS/UMBRELLA LIABILITY	IUG401496	06/05/06	06/05/07	EACH OCCURRENCE	\$ 4,000,000
				OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
									\$
				DEDUCTIBLE					
				RETENTION \$10,000					
C				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	26459.106	06/05/06	06/05/07	WC STATU-TORY LIMITS	OTH-ER
				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
				If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
				OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

State of Arizona and the State Agency named below are added as additional insureds. It is agreed that coverages afforded under this policy are primary and non contributory.

CERTIFICATE HOLDER

STATE13

State of Arizona
Arizona Dept of Transportation
Karie Ingles, CPPB
1739 W Jackson St #4, MD100P
Phoenix AZ 85007-3276

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Frank B. Thompson